

MANIFEST - MANIFESTE

This Manifest conforms to all Federal and Provincial transport and environmental legislation requiring manifesting. Ce manifeste est conforme aux législations fédérale et provinciale sur l'environnement et le transport requérant le manifeste.

WW05618-9

A Consignor (Expéditeur) Provincial ID No. / N° d'id. provincial
Expéditeur (Producteur) INDO000810851

Company Name / Nom de l'entreprise
H.R. PRODUCTS NORTH AMERICA, INC.

Mailing Address / Adresse postale City / Ville Province Postal code / Code postal
11701 19TH AND FRONT STREETS, WHITING, IN. 46394

Shipping site address / Origine de l'expédition
NORTH EAST OF 119TH AND FRONT STREET

City / Ville Province Postal code / Code postal
WHITING IN 46394

Intended consignee Provincial ID No. / N° d'id. provincial
SAFETY-KLEEN LTD. A031806

Address / Adresse City / Ville Province Postal code / Code postal
R.R. #1, 4090 TELFER ROAD

Receiving site address / Destination de l'expédition
R.R. #1 4090 TELFER ROAD

City / Ville Province Postal code / Code postal
CORUNNA ON N0N 1G0

B Carrier Provincial ID No. / N° d'id. provincial
Transporteur AS581

Company name / Nom de l'entreprise
SAFETY-KLEEN LTD.

Address / Adresse
R.R. #1, 4090 TELFER ROAD

City / Ville Province Postal code / Code postal
CORUNNA ON N0N 1G0

Vehicle / Véhicule Registration No. / N° d'immatriculation Prov.
Trailer/Rail Car No. 1 1st remorque - wagon PP2-625 ON

Point of entry **SAFETY-KLEEN ON** **Point of exit** *********

Carrier Certification: I declare that I have received waste as offered by the consignor in Part A for delivery to the intended consignee and that the information contained in Part B is complete and correct. / **Déclaration du transporteur:** J'affirme avoir reçu les déchets offerts par l'expéditeur dans la partie A en vue de leur livraison au destinataire choisi et que les renseignements inscrits à la partie B sont exacts et complets.

Signature **08 08 14** **Garth D. [Signature]** **519-864-1201**

Waste identification Identification du déchet
UN3077 **7,180 kg.** **9.2 III 01 06**

Quantity shipped Quantité expédiée
7,180 kg.

Units Unités
kg.

Classification **III**

Packing group Groupe d'emballage
III

Packaging Emballage
01

Comments Commentaires
06

Code Code
06

Quantity received Quantité reçue
7,180 kg.

Units Unités
kg.

Classification **III**

Packing group Groupe d'emballage
III

Packaging Emballage
01

Manifest Reference No. **WW05618-9**
No de référence du manifeste

Reference nos. of other Manifest(s) used / N°s de références des autres manifestes utilisés
ZNA 1302379/99121

C Consignee (Receiver) Provincial ID No. / N° d'id. provincial
Destinataire (Réceptionnaire)

Consignee information same as intended Consignee in Part A
L'information à fournir par le destinataire est la même qu'en A.

Yes / Oui **No / Non** **complet la boîte ci-dessous**

Company name / Nom de l'entreprise

Address / Adresse

City / Ville Province Postal code / Code postal

Receiving site address / Destination de l'expédition

City / Ville Province Postal code / Code postal

Date received / Date de réception Time / Heure

Identify any shipment discrepancy problems. Attach addendum if necessary. / Indiquer toute différence relative à l'expédition. Annexer une feuille au besoin.

Handling Code de manutention

Decommissioning Code de démantèlement

Vehicle Code de véhicule

Yes / Oui **No / Non**

Yes / Oui **No / Non**

Yes / Oui **No / Non**

Yes / Oui **No / Non**

Yes / Oui **No / Non**

Yes / Oui **No / Non**

Yes / Oui **No / Non**

TRACK # 1634

Primary Solid Wastes:
Sewer Sludge

Grit Chamber Solids

Bar Screen Debris

068
Box # A20-086

Heat Exchanger Cleaning Sludge

Benzene Contaminated Catalyst

Specify reactor: _____
Specify reactor: _____

Benzene Contaminated Debris

Specify material: _____
Specify material: _____

Benzene Contaminated Sludge

Specify tank/vessel: _____
Specify tank/vessel: _____

Benzene Contaminated Soil

Specify material: _____
Specify material: _____

Refractory Brick

Specify furnace or vessel: _____
Specify furnace or vessel: _____

Spent Hydrotreating Catalyst

Specify reactor: _____
Specify reactor: _____

Spent Treating Clay

Specify drum: _____

Spent Bender Catalyst

Specify reactor: _____

Other Waste Streams

Specify: _____

Quantity

Charge

% of Total Waste

(Clerk will complete)

_____ yds

_____ yds

_____ yds

_____ yds

_____ yds

_____ yds

15,796 yds

B44610

_____ yds

_____ yds

_____ yds

_____ yds

_____ yds

_____ yds

_____ yds

_____ yds

_____ yds

_____ yds

_____ yds

_____ yds

_____ yds

_____ yds

_____ yds

_____ yds

_____ yds

_____ yds

_____ yds

_____ yds

WJF

IDEM		INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT OFFICE OF WATER MANAGEMENT NPDES Facility Inspection Report		100 NORTH SENATE AVENUE P. O. BOX 6015 INDIANAPOLIS, IN 46206-6015		
NPDES PERMIT #: IN 000010B		YR/MO/DAY: 00-02-01	INSPECTION TYPE: C	INSPECTOR: S	FACILITY TYPE CODE: <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> Municipality <input checked="" type="checkbox"/> Industry <input type="checkbox"/> Semi-Public <input type="checkbox"/> State	
OVERALL FACILITY EVALUATION RATING: AMERICAN OIL CO			COMPLIANCE STATUS: <input type="checkbox"/> Non-Compliance <input checked="" type="checkbox"/> Compliance			
Name and Location of Facility Inspected: AMOCO OIL COMPANY 2015 INDIANAPOLIS BLVD Town/City: Whiting, IN County: Lake			Receiving Waters/POTW: LAKE MICHIGAN		Permit Effective Date: 4-1-90	
Name(s) of On-Site Representatives: Pete Beronio Natalie Grimmer			Entry Time:		Permit Expiration Date: 2-28-95	
			Exit Time:		Phone: (219) 473-3740	
			Title(s): ENVIRON. ENGR ENVIRON. ENGR		Fax: ()	
			Phone: ()		Fax: ()	
Certified Operator: DAVID OLEN			Number: 1418		<input type="checkbox"/> Full Time	
Name, Address of Responsible Official: COLIN H. J. MALLEAN			Class: D		<input type="checkbox"/> Part Time	
			Exp: 6-00		(Hours per week:)	
			Title: Whiting Refinery		Phone: (219) 473-5379	
			Contacted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Fax: ()	
Areas Evaluated During Inspection (S=Satisfactory, M=Marginal, U=Unsatisfactory, N=Not Evaluated, N/A=Not Applicable)						
S	Effluent	N	Facility Site Review	N	Flow Measurement	<input checked="" type="checkbox"/> Pretreatment
N	Receiving Waters	N	Operation & Maintenance	N	Laboratory	<input checked="" type="checkbox"/> Other:
N	Permit	S	CSO/SSO (Sewer Overflow)	S	Self-Monitoring Program	
S	Compliance Schedules	N	Sludge Disposal	S	Records/Reports	
COMMENTS: THIS inspection was conducted to review the 1999 compliance. Amoco has had zero limit exceedences in 1999. All staff should be commended for their efforts that brought about this outstanding compliance record. Amoco personnel identified a wash room facility at the Lake Front Wastewater Treatment Plant that was connected to the process sewer (before treatment) and outfall 001. This was identified in late September and completely removed from the system on October 8, 1999. Amoco did conduct fecal coliform monitoring with all results below 40 col/100ml after disconnection.						
Name(s) and Signature(s) of Inspector(s): Michael Kus			Date: 2-1-00		Office/Telephone: 317-233-2494 IDEM (219) 001-6712	
Received By:			Date:		Referred to:	
Section Chief: Jeff Feller			Date: 2/24/2000		For: <input type="checkbox"/> Follow-up <input type="checkbox"/> Enforcement <input type="checkbox"/> NPDES <input type="checkbox"/> Other	

FACILITY Amoco
NPDES PERMIT NO. TN 0000108

LIST OF NPDES PERMIT LIMIT VIOLATIONS

DMx - Daily Maximum
DMn - Daily Minimum
MA - Monthly Average
WA - Weekly Average

AMOCO OIL COMPANY, WHITING REFINERY
2815 INDIANAPOLIS BLVD., WHITING, INDIANA 46394

PERMIT NO	IN0000108	OUTFALL 001	PROCESS WATER EFFLUENT	SELENIUM	FECAL C.
PARAMETER	HX CHRM	TL CHRM	PHENOL	CO1147	**
CODE	Q01032	Q00034	Q32730	CO1147	
SAMPLE TYPE	PERMIT	24	24	24	GRAB
ACTUAL	24	24	24	24	GRAB
FREQUENCY	PERMIT	1/7	1/7	3/7	5/7
ACTUAL	1/7	1/7	3/7	2/YR	5/7
LIMITS:	AVG.	2.01	23.90	20.33	200
MAX.	4.48	68.53	73.01	400	
DATE	mg/l	LB/D	mg/l	LB/D	COLONIES
1	<0.001	<0.2	<0.01	<1.6	--
2	--	--	--	0.03	--
3	--	--	--	4.60	--
4	--	--	--	--	--
5	--	--	--	0.01	--
6	--	--	--	1.34	--
7	--	--	--	1.32	--
8	<0.001	<0.1	<0.01	1.42	--
9	--	--	--	0.01	--
10	--	--	--	<1.41	--
11	--	--	--	<0.01	--
12	--	--	--	<0.01	--
13	--	--	--	<0.01	--
14	<0.001	<0.1	<0.01	<1.42	--
15	--	--	--	<0.01	--
16	--	--	--	<1.58	--
17	--	--	--	--	--
18	--	--	--	<1.34	--
19	--	--	--	0.01	--
20	--	--	--	1.33	--
21	<0.001	<0.1	<0.01	1.23	--
22	--	--	--	0.01	--
23	--	--	--	1.33	--
24	--	--	--	1.33	--
25	--	--	--	0.01	--
26	--	--	--	<0.01	--
27	--	--	--	<1.53	--
28	<0.001	<0.2	<0.01	<1.53	210
29	--	--	--	<0.01	30
30	--	--	--	<1.53	--
AVERAGE	<0.001	<0.1	<0.01	<1.64	80
HIGHEST VAL.	<0.001	<0.2	<0.01	<1.6	210
LOWEST VAL.	<0.001	<0.1	<0.01	1.23	30
OVER LIMIT	0	0	0	0	0

CERTIFIED OPERATOR: *David P. Allen* DATE: 10/27/99 AUTHORIZED AGENT: *Natalie R. Himmer*
 --MEANS NOT TESTED THIS DATE
 **FECAL COLIFORM ARE LIMITED FROM APRIL 1 TO OCTOBER 31 WHEN REFINERY
 SANITARY SEWERS ARE DISCHARGING TO AMOCO WWTP.

AMOCO OIL COMPANY, WHITING REFINERY
2815 INDIANAPOLIS BLVD., WHITING, INDIANA 46394

PERMIT NO	IN0000108	OUTFALL 001	PROCESS WATER EFFLUENT	SELENIUM	FECAL C.
PARAMETER	HX CHRM	TL CHRM	PHENOL	CO1147	..
CODE	Q01032	Q00034	Q32730	CO1147	..
SAMPLE TYPE	PERMIT	24	24	24	GRAB
ACTUAL	24	24	24	24	GRAB
FREQUENCY	PERMIT	1/7	1/7	3/7	2YR
ACTUAL	1/7	1/7	3/7	2YR	5/7
LIMITS:	AVG.	2.01	23.90	20.33	200
MAX.	4.48	68.53	73.01	400	
DATE	mg/l	LB/D	mg/l	LB/D	ug/l
1	--	--	--	--	110
2	--	--	--	--	
3	--	--	--	0.01	1.63
4	--	--	--	--	
5	--	--	--	0.01	1.59
6	<0.005	<0.8	<0.01	0.01	1.59
7	--	--	--	--	
8	--	--	--	--	
9	--	--	--	--	
10	--	--	--	<0.01	<1.53
11	--	--	--	--	
12	--	--	--	<0.01	<1.46
13	<0.005	<0.8	<0.01	0.01	1.63
14	--	--	--	--	
15	--	--	--	--	
16	--	--	--	--	
17	--	--	--	<0.01	<1.41
18	--	--	--	--	
19	--	--	--	<0.01	<1.48
20	<0.005	<0.6	<0.01	<1.2	<1.58
21	--	--	--	--	
22	--	--	--	--	
23	--	--	--	0.01	1.55
24	--	--	--	--	
25	--	--	--	0.01	1.41
26	--	--	--	--	
27	<0.005	<0.7	<0.10	<13.5	<1.30
28	--	--	--	--	
29	--	--	--	--	
30	--	--	--	0.01	1.19
31	--	--	--	--	
AVERAGE	<0.005	<0.7	<0.03	<4.5	<1.49
HIGHEST VAL.	<0.005	<0.8	<0.01	<13.5	55.0
LOWEST VAL.	<0.005	<0.6	<0.10	<0.01	7.7
OVER LIMIT	0	0	0	0	0

CERTIFIED OPERATOR *David P. Allen*

DATE: 11/22/99

AUTHORIZED AGENT: *Natalie R. Hummer*

*FECAL COLIFORM ARE LIMITED FROM APRIL 1 TO OCT. 1 WHEN REFINERY
 SANITARY SEWERS ARE DISCHARGING TO AMOCO WWTP.



INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

We make Indiana a cleaner, healthier place to live.

Mitchell E. Daniels, Jr.
Governor

Thomas W. Easterly
Commissioner

FEBRUARY 15, 2007

100 North Senate Avenue
Indianapolis, Indiana 46204
(317) 232-8603
(800) 451-6027
www.IN.gov/idem

VIA CERTIFIED MAIL 7002 0510 0003 8210 2865

Mr. Richard Harris, Health, Safety, and Environmental Manager
BP Amoco Oil Company
2815 Indianapolis Boulevard
Whiting, IN 46394

Re: **Inspection Summary/Violation Letter**
BP Amoco Oil Company
NPDES Permit No. IN0000108
Whiting, Lake County

Dear Mr. Harris:

On December 22 and December 27, 2006, a representative of the Indiana Department of Environmental Management, Northwest Regional Office, conducted an inspection of the BP Amoco Oil Company located in Whiting, Indiana. This inspection was conducted pursuant to IC 13-14-2-2. For your information, and in accordance with IC 13-14-5, a summary of the inspection is provided below:

Type of Inspection: X Compliance Evaluation Inspection

Results of Inspection: Violations were observed but corrected during the inspection.
 X Violations were observed
 Violations were observed and will be referred to the Office of Enforcement.

An unsatisfactory rating was given in sludge disposal. This was due to sludge on the ground between two of the circular clarifiers. This was a violation of IC 13-30-2-1(A).

A marginal rating was given under records and reports. This was due to the number of exceedences not always being completed. Even if the number of exceedences is zero (0), the box should be filled. The number of exceedences was not completed on the Discharge Monitoring Reports for all outfalls in March 2004 and outfall 002 in June 2006.

A marginal rating was given to effluent exceedences. During a review of DMR's and daily summaries from January 2004 through October 2006, total suspended solids was noted to be in exceedences twice. The first exceedence was on December 5, 2004, the second on March 15, 2006.

Within thirty (30) days of receipt of this letter, a written detailed explanation, documenting compliance with each of the requirements listed above, must be submitted to: Indiana Dept. of Environmental Management, Office of Water Quality – Mail Code 65-42, 100 North Senate Avenue, Indianapolis, IN 46204-2251. Failure to respond adequately to this Violation Letter may result in a referral



NPDES FACILITY NOTICE OF INSPECTION

State Form 47989 (R6 / 5-06)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

W. K. ROUSE 1/14/06
Reason of

Facility and Inspection Information

NPDES Permit #: IN0000108	Facility Type Code: <input type="checkbox"/> 1 = Municipality <input checked="" type="checkbox"/> 2 = Industry/Semi-Public <input type="checkbox"/> 3 = Agricultural <input type="checkbox"/> 4 = State/Federal	Classification Per Permit: <input checked="" type="checkbox"/> Major <input type="checkbox"/> Minor
This is to notify you that on 12/27/06 (month, day, year) an inspection of the specified facility was conducted by the undersigned representative of the Indiana Department of Environmental Management, Office of Water Quality.		
TYPE OF INSPECTION (may include more than one): <input checked="" type="checkbox"/> Compliance Evaluation Inspection (C) <input type="checkbox"/> Complaint (J) <input type="checkbox"/> Reconnaissance Inspection (R) <input type="checkbox"/> Multi-media Screening Evaluation (M) <input type="checkbox"/> Industrial User Inspection (I) <input type="checkbox"/> Combined Sewer Overflow Inspection (Y) <input type="checkbox"/> Sanitary Sewer Overflow Inspection (V) <input type="checkbox"/> Compliance Sampling Inspection (S) <input type="checkbox"/> Other		
Name and Location of Facility Inspected: (number, street, city, zip code) BP AMOCO OIL COMPANY 2815 INDIANAPOLIS BLVD WHITING IN 46394 County: LAKE	Receiving Waters/POTW: LAKE MICHIGAN	Permit Expiration Date: 2/28/05
Name(s) of On-Site Representatives: RICH HARRIS	Title(s): ENV. ENGR HEALTH, SAFETY, AND ENV.	Phone: (219) 473-3321 Fax: ()
Certified Operator: DAVE OLEN	Number: 4118	Class: D <input checked="" type="checkbox"/> Full Time <input type="checkbox"/> Part Time
Renewal Effective Date: 7/31/06	Expiration Date: 6/30/08	Hours per Week: 40+
Name and Address of Responsible Official: (number, street, city, zip code) RICHARD HARRIS 2815 INDIANAPOLIS BLVD WHITING IN 46394	Title: ENV. ENGR. HEALTH, SAFETY, AND ENV.	Phone: (219) 473-3321 Fax: ()
	Contacted: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Facility Design Flow: NA

Areas Evaluated During Inspection

(S = Satisfactory, M = Marginal, U = Unsatisfactory, N = Not Evaluated, NA = Not Applicable)

<input checked="" type="checkbox"/> Receiving Waters Appearance ②	<input checked="" type="checkbox"/> Facility/Site ④	<input checked="" type="checkbox"/> Self-Monitoring Program ⑥	<input checked="" type="checkbox"/> Compliance Schedules
<input checked="" type="checkbox"/> Effluent Appearance ①	<input checked="" type="checkbox"/> Operation	<input checked="" type="checkbox"/> Flow Measurement	<input checked="" type="checkbox"/> Pretreatment
<input checked="" type="checkbox"/> Permit ③	<input checked="" type="checkbox"/> Maintenance	<input checked="" type="checkbox"/> Laboratory	<input checked="" type="checkbox"/> Effluent Limits Violations ⑦
<input checked="" type="checkbox"/> CSO/SSO (Sewer Overflow)	<input checked="" type="checkbox"/> Sludge Disposal ①	<input checked="" type="checkbox"/> Records/Reports ⑤	<input checked="" type="checkbox"/> Other:

Preliminary Inspection/Screening Findings*

*These findings are considered preliminary and identify specific compliance issues discovered during the above-noted inspection that the designated agent of IDEM believes may be a violation of a statute(s), rule(s) or permit(s) issued by IDEM.

SINGLE MEDIA INSPECTION:

- ☐ No violations were discovered with respect to the particular items observed during the inspection. (5)
☐ Violations were discovered but corrected during the inspection. (4)
☒ Violations were discovered and require a submittal from you and/or follow-up inspection by IDEM. (2)
☐ Violations were discovered and may subject you to an appropriate enforcement response. (1)
☐ Additional information/review is required to evaluate overall compliance. (6)
☐ Potential problems were discovered or observed. (3)

Comments Regarding Unsatisfactory Ratings – Including Rule or Permit Citation(s):

① SLUDGE FROM THE CLARIFIER TREATMENT PROCESS WAS NOTED ON THE GROUND BETWEEN TWO CIRCULAR CLARIFIERS. THIS IS A VIOLATION OF THE PERMIT, PART 1C 13-30-2-1(A).

Additional Comments Regarding Unsatisfactory Ratings – Including Rule or Permit Citation(s):

Comments Regarding Marginal Ratings – Conclusions and Recommendations:

② THE EFFLUENT AND RECEIVING STREAM WERE BOTH CLEAR AND ODORLESS DURING THE TIMES OF INSPECTION ON 12/22/06 AND 12/27/06.

③ THE PERMIT EXPIRED ON 2/28/95, BUT HAS BEEN ADMINISTRATIVELY EXTENDED.

④ ALARMS ARE AVAILABLE FOR MANY OF THE TREATMENT PROCESSES.

⑤ THE NUMBER OF EXCEEDENCES COLUMN SHOULD ALWAYS BE COMPLETED, EVEN IF 0.

THE NUMBER OF EXCEEDENCES WAS NOT COMPLETED FOR OUTFALL 002 FOR 6/06 AND NONE IN 3/07.

Multi-Media Screening (please note that a multi-media screening is not a comprehensive evaluation of the compliance status of the facility):

- ☒ Multi-media screening not conducted. * BP IS ON EXEMPTION LIST
- ☐ No violations were observed during the limited multi-media screening conducted by IDEM.
- ☐ Potential violations were discovered but corrected during the inspection.
- ☐ Potential problems were discovered and may be further investigated.

Pollution Prevention

Pollution prevention is the preferred means of environmental protection in Indiana. The goal of pollution prevention is to promote changes in business and commercial operation, especially manufacturing processes, so that Indiana businesses increase productivity, generate less environmental wastes, reduce their regulatory responsibilities and become more profitable. Your participation in Indiana's pollution prevention program is entirely voluntary. If you have any pollution prevention questions, you may contact our Office of Pollution Prevention and Technical Assistance (OPPTA) at (317) 232-8172 or (800) 988-7901, or visit OPPTA's Web site at www.idem.IN.gov/oppta/p2/. Would your company like to be contacted by IDEM's Office of Pollution Prevention and Technical Assistance? Yes ☐ No ☒

Compliance Assistance

In addition to the compliance assistance offered by IDEM's individual programs, IDEM's Compliance and Technical Assistance Program (CTAP) offers free, confidential compliance assistance to regulated entities, including small businesses and municipalities, throughout Indiana. In the future, if you would like to request free, confidential compliance assistance, call (317) 232-8172 or (800) 988-7901, or visit CTAP's Web site at <http://www.idem.IN.gov/ctap/>.

Summary and Correction Information

A summary of violations and concerns noted during the inspection was verbally communicated to the undersigned representative during the inspection. The facility should correct any violations noted as soon as possible. Violations identified and corrected during the inspection may still be cited as violations.

☒ A written inspection summary will be provided within 45 days.
In accordance with IC 13-14-5-4, matters not evident to IDEM at the time of the inspection might not be included in either the verbal or written inspection summary.

☐ Written report provided at the conclusion of the inspection.
If upon subsequent review, any changes to this report are deemed necessary, a revised report will be sent to the subject facility within 45 days.

IDEM Representative:

Printed Name:	Signature:	Phone Number:	Date:	Time
NICHOLAS K. REAM		(219) 757-0265	12/27/06	In: 1230 Out: 1530

Owner/Agent Representative/Title:

Printed Name:	Signature:	Title:	Phone Number:	Date:

For IDEM Internal Use:

Section Chief or Regional Deputy Director:	Date:	For:
	2/6/07	<input type="checkbox"/> Follow-up <input type="checkbox"/> NPDES Permits <input type="checkbox"/> Enforcement <input type="checkbox"/> Other

IDEM	NPDES Facility Inspection Report Comments and/or Recommendations	PAGE <u>3</u> OF <u>4</u>
NPDES PERMIT #: <u>IN0000108</u>	FACILITY: <u>BP Amoco Oil Co.</u>	CITY: <u>WHITING</u>
		YR/MO/DAY: <u>06/12/27</u>
<p>⑥ THE EFFLUENT AUTO-SAMPLER WAS OFF-LINE AT THE TIME OF THE INSPECTION. GRAB SAMPLES WERE BEING USED AND RECORDED.</p> <p>⑦ A REVIEW OF THE DMR'S AND DAILY SUMMARIES ^{NR} SHOW FOUND THE FOLLOWING REPORTED EXCEEDENCES:</p> <div style="margin-left: 100px;"> <p>^{24 NR} 12/5/05 TSS DMX 6042 lb/Day</p> <p>3/15/06 TSS DMX 5846 lb/Day</p> </div> <p>THE REPORTS FROM 1/04 TO 10/06 WERE REVIEWED.</p>		
Inspected by: <u>NICHOLAS K. REX</u>	Received by:	Date: <u>12/27/06</u>

Page 1 of 2

Additional Comments Regarding Unsatisfactory Ratings – Including Rule or Permit Citation(s):

Comments Regarding Marginal Ratings – Conclusions and Recommendations:

THE OUTFALLS WERE OBSERVED AND SOME TREATMENT EQUIPMENT WERE INSPECTED. ~~THE INSPECTION WILL CONTINUE ON ANOTHER DAY.~~ ^{MR} MORE INFORMATION IS NEEDED TO COMPLETE THE EVALUATION. ① THE OUTFALLS 001, 002, 003, AND 004 WERE ALL OBSERVED DISCHARGING. NO VIOLATIONS OF ~~THE~~ ^{MR} WERE NOTED WITH THE EFFLUENT APPEARANCE AT THE TIME OF INSPECTION. ② THE PERMIT HAS BEEN ADMINISTRATIVELY EXTENDED.

Multi-Media Screening (please note that a multi-media screening is not a comprehensive evaluation of the compliance status of the facility):

- ☒ Multi-media screening not conducted.
☐ No violations were observed during the limited multi-media screening conducted by IDEM.
☐ Potential violations were discovered but corrected during the inspection.
☐ Potential problems were discovered and may be further investigated.

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Compliance Assistance

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A summary of violations and concerns noted during the inspection was verbally communicated to the undersigned representative during the inspection. The facility should correct any violations noted as soon as possible. Violations identified and corrected during the inspection may still be cited as violations.

- ☒ A written inspection summary will be provided within 45 days.
 In accordance with IC 13-14-5-4, matters not evident to IDEM at the time of the inspection might not be included in either the verbal or written inspection summary.
- ☐ Written report provided at the conclusion of the inspection.
 If upon subsequent review, any changes to this report are deemed necessary, a revised report will be sent to the subject facility within 45 days.

IDEM Representative:

Printed Name:	Signature:	Phone Number:	Date:	Time
NICHOLAS K. REAM	<i>Nick Ream</i>	(219) 757-0265	12/22/06	In: 0900 Out: ~1300

Owner/Agent Representative/Title:

Printed Name:	Signature:	Title:	Phone Number:	Date:

For IDEM Internal Use:

Section Chief or Regional Deputy Director:	Date:	For:
<i>[Signature]</i>	2/6/07	<input type="checkbox"/> Follow-up <input type="checkbox"/> NPDES Permits <input type="checkbox"/> Enforcement <input type="checkbox"/> Other

IDEM		NPDES Facility Compliance Evaluation Inspection Checklist Revised 03-1-06	
NPDES Permit #: IN 0000108	Facility Name: BP Amoco Oil Company	Month/Day/Year: 12/27/06	

All evaluations indicated on this form are based upon the Inspector's observations at the time of the inspection.

A. Receiving Waters Appearance

	1. The receiving stream is visibly:
<input checked="" type="radio"/> Yes No N/E N/A	a. Free of excessive deposits of settled solids.
<input checked="" type="radio"/> Yes No N/E N/A	b. Free of excessive floating debris, oil, scum, or foam.

B. Effluent Appearance

	1. At the time of the inspection, effluent is essentially:
<input checked="" type="radio"/> Yes No N/E N/A	a. Free of excessive solids.
<input checked="" type="radio"/> Yes No N/E N/A	b. Free of excessive floating debris, oil, scum, or foam.

C. Permit

<input checked="" type="radio"/> Yes No N/E N/A	1. Expired Permit has been administratively extended.
<input checked="" type="radio"/> Yes No N/E N/A	2. The permit has been properly transferred.
<input checked="" type="radio"/> Yes No N/E N/A	3. Receiving waters are accurately described in permit.

D. CSO/SSO (Sewer Overflow)

<input checked="" type="radio"/> Yes No N/E <input checked="" type="radio"/> N/A	1. CSOs are regularly monitored, and results are reported as required.
<input checked="" type="radio"/> Yes No N/E <input checked="" type="radio"/> N/A	2. Facility has met SSO reporting requirements.

E. Facility/Site

<input checked="" type="radio"/> Yes No N/E N/A	1. Facility has standby power or equivalent provision.
<input checked="" type="radio"/> Yes No N/E N/A	2. An adequate alarm or notification system for power or equipment failure is available.
<input checked="" type="radio"/> Yes No N/E N/A	3. Facility grounds are maintained in a manner which allows adequate access and/or view of all units.

F. Operation

	1. All facilities and systems necessary for achieving compliance with the terms and conditions of the permit are operated in a manner consistent with the following:
<input checked="" type="radio"/> Yes No N/E N/A	a. All facilities and systems are operated efficiently.
<input checked="" type="radio"/> Yes No N/E N/A	b. An adequate, qualified operating staff is provided to carry out the operation of the facility.
<input checked="" type="radio"/> Yes No N/E N/A	2. Sufficient sludge is wasted from treatment system at proper time intervals to maintain process efficiency.

G. Maintenance

<input checked="" type="radio"/> Yes No N/E N/A	1. A maintenance record system has been established and includes:
<input checked="" type="radio"/> Yes No N/E N/A	a. Maintenance history.
<input checked="" type="radio"/> Yes No N/E N/A	b. Repair history.
<input checked="" type="radio"/> Yes No N/E N/A	2. A preventative maintenance (PM) plan has been established.
<input checked="" type="radio"/> Yes No N/E <input checked="" type="radio"/> N/A	3. Lift station inspections are adequate.
<input checked="" type="radio"/> Yes No N/E <input checked="" type="radio"/> N/A	4. Lift station cleaning and maintenance procedures are adequate.
<input checked="" type="radio"/> Yes No N/E <input checked="" type="radio"/> N/A	5. Collection system maintenance is adequate.

L. Records/Reports

<input checked="" type="checkbox"/> Yes	No	N/E	N/A	1. Records and reports are maintained on site as required by permit.
<input checked="" type="checkbox"/> Yes	No	N/E	N/A	2. Information is maintained on site for 3 years.
<input checked="" type="checkbox"/> Yes	No	N/E	N/A	3. DMRs, MROs or MMRs, and CSO DMRs are completed properly and accurately.
<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	N/E	N/A	a. "No Ex" column is accurate.
<input checked="" type="checkbox"/> Yes	No	N/E	N/A	b. Signatory requirements are met.
<input checked="" type="checkbox"/> Yes	No	N/E	N/A	c. Reports are prepared by or under the direction of a certified operator.
				4. Monitoring records are adequate and include:
<input checked="" type="checkbox"/> Yes	No	N/E	N/A	a. Lab bench sheets.
<input checked="" type="checkbox"/> Yes	No	N/E	N/A	b. Sample logs.
<input checked="" type="checkbox"/> Yes	No	N/E	N/A	c. Flow meter strip or circle charts and calibration records.
<input checked="" type="checkbox"/> Yes	No	N/E	N/A	d. Laboratory instrument calibration and maintenance records.
				5. Pretreatment records include:
Yes	No	N/E	<input checked="" type="checkbox"/> N/A	a. Inventory of Industrial Waste Contributors.
Yes	No	N/E	<input checked="" type="checkbox"/> N/A	b. Monitoring data.
Yes	No	N/E	<input checked="" type="checkbox"/> N/A	c. Inspection reports.
Yes	No	N/E	<input checked="" type="checkbox"/> N/A	d. Compliance status records.
Yes	No	N/E	<input checked="" type="checkbox"/> N/A	e. Enforcement actions.

M. Compliance Schedules

Yes	No	N/E	<input checked="" type="checkbox"/> N/A	1. Monitoring milestones in the Schedule of Compliance have been met.
Yes	No	N/E	<input checked="" type="checkbox"/> N/A	2. Reporting milestones in the Schedule of Compliance have been met.

N. Pretreatment

Yes	No	N/E	<input checked="" type="checkbox"/> N/A	1. Industrial or commercial discharges are regulated as required by the permit.
Yes	No	N/E	<input checked="" type="checkbox"/> N/A	2. The permittee has developed a Sewer Use Ordinance.
Yes	No	N/E	<input checked="" type="checkbox"/> N/A	3. The permittee enforces the Sewer Use Ordinance.
Yes	No	N/E	<input checked="" type="checkbox"/> N/A	4. The facility operates without significant interference from industrial or commercial discharges.

O. Summary of Monitoring Records Review

MO/YR	Effluent Limit Violations	Date(s)	Type	Outfall	Parameter	Reported Value	Permit Limit
1/04	Yes <input checked="" type="checkbox"/> No						
2/04	Yes <input checked="" type="checkbox"/> No						
3/04	Yes <input checked="" type="checkbox"/> No						
4/04	Yes <input checked="" type="checkbox"/> No						
5/04	Yes <input checked="" type="checkbox"/> No						
6/04	Yes <input checked="" type="checkbox"/> No						
7/04	Yes <input checked="" type="checkbox"/> No						
8/04	Yes <input checked="" type="checkbox"/> No						
9/04	Yes <input checked="" type="checkbox"/> No						
10/04	Yes <input checked="" type="checkbox"/> No						
11/04	Yes <input checked="" type="checkbox"/> No						
12/04	<input checked="" type="checkbox"/> Yes No	12/5/04	Dmxc	001	TSS	6042 lb/day	5294 lb/day
1/05	Yes <input checked="" type="checkbox"/> No						
2/05	Yes <input checked="" type="checkbox"/> No						
3/05	Yes <input checked="" type="checkbox"/> No						
4/05	Yes <input checked="" type="checkbox"/> No						
6/05	Yes <input checked="" type="checkbox"/> No						

Comments Regarding Shaded YES Evaluations

E. FACILITY SFG - MOST EQUIPMENT USED IN THE WATER TREATMENT HAS
ALARMS

Name and Location of Facility to be Inspected:	NPDES Permit #:	GPS Coordinates Recorded:	Date to be Inspected:	Inspector:
Name: BP Amoco Town/City: WHITING County: LAKE	1100000108	YES	12/22/06	NKR

1.	REVIEW RELEVANT PROGRAM PERMIT AND PERMIT APPLICATIONS	CHECK ONE:			
		YES	<input checked="" type="radio"/> NO	N/A	N/E
IF NO, N/A, N/E:	Provide explanation or description why: Permit could not be located in NWRO - obtained during inspection.				
IF YES:	Info Source/ Location/Date Reviewed	Inspector Notations Pertinent to Upcoming Inspection:			

2.	REVIEW PRIOR INSPECTION HISTORY & REPORTS RELEVANT TO THE PROGRAM INSPECTION, PARTICULARLY ANY OUTSTANDING OR UNRESOLVED ISSUES.	CHECK ONE:			
		<input checked="" type="radio"/> YES	NO	N/A	N/E
IF NO, N/A, N/E:	Explanation:				
IF YES:	Info Source/Location/Date Reviewed	Inspector Notations Pertinent to Upcoming Inspection:			
	NWRO FILES 12/22/06	CLARITY PROBLEMS			

3.	REVIEW PRIOR COMPLIANCE AND ENFORCEMENT HISTORY RELEVANT TO PROGRAM INSPECTION, PARTICULARLY WARNINGS AND MINOR VIOLATIONS, FORMAL ACTIONS (OF & FOR EPA)	CHECK ONE:			
		<input checked="" type="radio"/> YES	NO	N/A	N/E
IF NO, N/A, N/E:	Explanation:				
IF YES:	Info Source/Location/Date Reviewed	Inspector Notations Pertinent to Upcoming Inspection:			
	NWRO FILES 12/22/06	NONE			

4.	REVIEW FACILITY RESPONSES TO ALL OF THE ABOVE.	CHECK ONE:			
		<input checked="" type="radio"/> YES	NO	N/A	N/E
IF NO, N/A, N/E:	Explanation:				
IF YES:	Info Source/Location/Date Reviewed	Inspector Notations Pertinent to Upcoming Inspection:			
	NWRO FILES 12/22/06	NONE			